

UTILITY PATENT APPLICATION TRANSMITTAL

(For new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **FA 1105 US NA**

First Named Inventor or Application Identifier

Jos Huybrechts et al.

031431 U.S. PTO
10/759945



011604

"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER ER 430765502 US DATE OF DEPOSIT: January 16, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT) Jeannette Y. Rayfield

SIGNATURE SIGN

Jeannette Y. Rayfield

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 04-1928.
☒ General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))
(Submit an original, and a duplicate for fee processing)
2. ☐ A Check in the Amount of \$ _____ is enclosed
☐ The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account 04-1928.

3. ☒ The total fee is calculated as shown below:

Basic Filing fee	\$ 770.00
Total Claims 13 - 20 = 0 x \$18	\$ 0.00
Independent Claims 1 - 3 = 0 x \$86	\$ 0.00
<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00
TOTAL FILING FEE	\$ 770.00
<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$ _____

☐ Cancel in this application original claims to _____ of the prior application before calculating the filing fee.
Charge \$ _____ to the above indicated Deposit Account.

4. ☒ Specification excluding Drawings [Total Pages] 26

5. ☐ Drawing(s) (35 USC 113) [Total Sheets] _____

6. ☒ Declaration and Power of Attorney [Total Pages] 4
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 19a completed)
 - c. ☒ Unsigned Declaration
[Note Box 6 below]
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☒ Application Data Sheet 37 CFR 1.76

8. ☐ Incorporation By Reference *(useable if Box 6b is checked)*
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

9. ☒ The Title of the Invention: **Two-Component Coating Compositions**

10. ☐ Nucleotide and/or Amino Acid Sequence Submission
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies
 - d. ☐ Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))

ACCOMPANYING APPLICATION PARTS

11.
 - a. ☐ Information Disclosure Statement (IDS)
 - b. ☒ Form PTO/SB/08a
 - c. ☒ Copies of all IDS Citations
12. ☐ Assignment Papers (cover sheet & document(s))
13. ☐ Prior Application is Assigned to:
E.I. du Pont de Nemours and Company
(for continuation/divisional with Box 20a completed)
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
16. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
17. ☐ Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed_. A PTO-1449 listing the references is enclosed.
18. ☐ Applicant Claims Small Entity Status
19. ☐ Other :

20. Priority Information, check appropriate box and supply the requisite information

- a. The accompanying application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
Of prior application No: filed .
Examiner: _____ Group/Art: _____

21. CORRESPONDENCE ADDRESS

☒ Customer Number: 23906

Address E.I. du Pont de Nemours and Company

Telephone (302) 984-6058 Fax (302) 658-1192

22. RESPECTFULLY SUBMITTED,

Signature
Name

Hilmar L. Fricke
Hilmar L. Fricke

Date

January 16, 2004

Registration
No.

22,384

23. The Power of Attorney in the Prior Application includes: _____

☐ Recognize as Associate Attorney: _____
Attorney Registration No.
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

☒ No.
☐ Yes, the name of the U.S. Government agency and the Government contract number are: _____.

(preferred arrangement of specification set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number Unknown	Filing Date January 16, 2004
TOTAL AMOUNT OF PAYMENT (\$) 770.00		First Named Inventor Jos Huybrechts et al.	Examiner Name Unknown
Group / Art Unit Unknown		Attorney Docket No. FA 1105 US NA	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																								
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-left: 20px;"> Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company </div> <p>The Commissioner is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	<h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Hilmar L. Fricke	Registration No. Attorney/Agent)	22,384	Telephone	(302) 984-6058
Signature				Date	January 16, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Certificate of Express Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service for Express Mailing ER 430765502 US with sufficient postage in an envelope addressed to:

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 16, 2004

Date



Signature

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

TWO-COMPONENT COATING COMPOSITIONS

Application No.: Unknown

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Group Art Unit: Unknown

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Fee Transmittal

Application – 26 pages

Application Data Sheet

Form PTO/SB/08a with references

Declaration/Power of Attorney (not executed) (4 pages)

Authorization to charge Deposit Account 04-1928

Receipt Cards